EXECUTIVE MEMBER RESPONSE

NAME OF TOPIC GROUP: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES TRANSFORMATION PLAN

CHAIRMAN: JUDI BILLING DATE OF SCRUTINY: 12/01/2018

SCRUTINY OFFICER: CHARLES LAMBERT DATE REPORT PUBLISHED: 02/02/2018

LEAD OFFICER: SIMON PATTISON/ MARION INGRAM

DATE RESPONSE DUE: 02/04/2018

EXECUTIVE MEMBERS: COLETTE WYATT-LOWE, DATE RESPONSE RETURNED: 10/04/2018

TERESA HERITAGE, RICHARD ROBERTS

implementation of the Green Paper.

Recommendations: Executive Response: 2.1 That Hertfordshire should become a A joint response was submitted to the Green Paper consultation from 'trailblazer' and adopt the Green Paper **CAMHS** Transformation partners asking that timescales for implementation with an amendment as to the amount are bought forward and putting Hertfordshire forward as a potential of time needed to operationalise trailblazer area. The consultation closed on 2nd March and all the feedback proposals. This should be reduced to received is currently being analysed at a national level. If the government 2020 rather than 2022/23. (Paragraphs does not select us as a national trailblazer area we will evaluate which of the 3.14, 3.15, 3.17, 4.1, 4.2) Green Paper recommendations we can deliver locally without national support and implement these. Members understand the difficulty in 2.2 Over the coming year the Children and Young People's Emotional & Mental evaluating CAMHS projects. However, Wellbeing Board will evaluate the impact of a number of pilot schemes to the prototype and piloted services consider their effectiveness. These will include HPFT's pilot scheme should be reviewed ahead of the covering the management of Tier 4 inpatient beds, which will also be the

subject of review as part of the national 'New Models of Care' pilots and the

	(Paragraphs 3.5, 3.11, 3.14, 3.15, 3.17, 3.18, 4.1, 4.2, 4.6)	independent evaluation of the Em	pathy proje	ct.				
2.3	CAMHS partners need to work with schools to make sure that there are designated MH leads can educate schools and community groups, whilst recognising the limit to which classroom teachers can provide this service. (Paragraphs 3.5, 3.9, 3.10, 3.14, 3.17, 4.1, 4.3)	Partners at the Children and Young People's Emotional & Mental Wellbeing Board received a report in March evaluating progress on the schools related element of the Board's work programme so far. Working with schools will continue to be a high priority for the Board over the coming year.						
2.4	All partners should explore developing further preventative and early intervention models to prevent children and young people reaching crisis. Using The Home Treatment Team model, run by HPFT, as an exemplar. (Paragraphs 3.18, 4.1, 4.6)	As set out in 2.2 above we will evaluate the effectiveness of the Home Treatment Team model over the next year. Partners at the Children and Young People's Emotional & Mental Wellbeing Board will continue to explore different models to reduce crisis.						
2.5	It is imperative that officers secure longer term funding for Empathy and similar projects as yearly funding is not sufficient for sustainability of a service. (Paragraph 3.2, 3.3, 3.4, 4.1, 4.4, 4.5)							
	(=====================================		2018-19	2019-20	2020-21	Total		
			£	£	£	£		
		NHS East and North Hertfordshire CCG	297,000	200,000	241,000	738,000		
		NHS Herts Valleys CCG	314,000	211,000	255,000	780,000		

	Total 611,000 411,000 496,000 1,518 This gives a greater degree of certainty in terms of longer term funding a so is incredibly helpful in future planning. We are expecting the evaluati the Empathy project in the next two months and will make a decision on longer term funding once that has been received.					
Any other comments on the report or this scruti	ny?					